



Town of Colchester, Connecticut

127 Norwich Avenue, Colchester, Connecticut 06415

**Board of Selectmen Agenda
Regular Meeting @ 7PM
Thursday, March 16, 2017
Colchester Town Hall
Meeting Room 1**

RECEIVED
COLCHESTER, CT
2017 MAR 10 AM 11:42
Gayle Furman
GAYLE FURMAN
TOWN CLERK

1. Call to Order
2. Additions to the Agenda
3. Citizen's Comments
4. Consent Agenda
 1. Approve Minutes of the March 2, 2017 Board of Selectmen Meeting
 2. Ethics Commission – Resignation of Shannon Berquist
 3. Open Space Commission – Resignation of Linda Grzeika
 4. Commission on Aging – Resignation of Linda Grzeika
 5. Tax Refunds & Rebates
 6. Grant Application for Section 5310 Funding for Vehicle Replacement
 7. Application for Title III Grant Renewal
5. Budget Transfers
6. Boards and Commissions – Interviews and/or Possible Appointments and Resignations
 - a. Police Commission - Possible appointment of Debra Marvin to the Police Commission for a three-year term to expire 11/15/2020
 - b. Economic Development Commission - Possible appointment of Jean Walsh from alternate member to regular member for a five-year term to expire on 12/15/2017
7. Discussion and Possible Action on Grant Contract with the Connecticut State Library
8. Discussion and Possible Action on Veterans' Room Use Policy at the Senior Center
9. Discussion and Possible Action on Automated Fingerprint Identification System Agreement
10. Citizen's Comments
11. First Selectman's Report
12. Liaison Reports
13. Executive Session to Discuss Municipal Employees Union Local 506 Collective Bargaining Agreement and Town Hall Local 1303-254 Collective Bargaining Agreement
14. Discussion and Possible Action on Municipal Employees Collective Bargaining Agreement
15. Discussion and Possible Action on Town Hall Collective Bargaining Agreement
16. Adjourn



Town of Colchester, Connecticut

127 Norwich Avenue, Colchester, Connecticut 06415

AMENDED
Board of Selectmen Minutes
Regular Meeting Minutes
Thursday, March 2, 2017
Colchester Town Hall @7pm

RECEIVED
COLCHESTER, CT
2017 MAR -8 PM 2:56
Gayle Furman
TOWN CLERK

MEMBERS PRESENT: First Selectman Art Shilosky, Selectman Stan Soby, Selectman Denise Mizla, Selectman John Jones and Rosemary Coyle via teleconference

MEMBERS ABSENT: none

OTHERS PRESENT: PW Director J Paggioli, Registrar D Mrowka, and Clerk T Dean

1. Call to Order

First Selectman A Shilosky called the meeting to order at 7:00p.m.

2. Additions to the Agenda

A Shilosky asked to remove #1 Approve Minutes from the consent agenda and move to #5 on the regular agenda. Remove #4 Emergency Management Grant from the consent agenda and move to #9 on the regular agenda, renumber remaining items accordingly.

D Mizla moved to approve changes as presented, seconded by S Soby. Unanimously approved. MOTION CARRIED.

3. Citizen's Comments - none

4. Consent Agenda

1. TVCCA – Eleanor Phillips reappointment to the TVCCA for a one-year term to expire on 3/2/2018

2. Tax Refunds & Rebates

\$71.28 to Gregory Miller, \$29.18 to Jeffrey Woods, \$31.00 to Joseph Sullivan, \$3.69/\$28.06/\$35.11 to Rossi Law Offices, \$26.39 to Honda Lease Trust, \$28.47 to Robert Rispoli, and \$76.87 to James and Kelly Martinez

S Soby moved to approve the consent agenda, seconded by D Mizla. Unanimously approved. MOTION CARRIED

5. Approve Minutes of the February 16, 2017 Board of Selectmen Meeting

S Soby moved to approve the minutes of the February 16, 2017 Board of Selectmen meeting, seconded by J Jones. Unanimously approved with one abstention by R Coyle. MOTION CARRIED.

6. Budget Transfer - none

7. Boards and Commissions – Interviews and/or Possible Appointments and Resignations

a. Police Commission – Debra Marvin to be interviewed – was interviewed

8. Presentation by Kevin Payne regarding Eagle Scout Project

K Payne presented his plan for the Park & Rec Field dug out. The Board thanked him for his work on this project.

9. Discussion and Possible Action on Emergency Management Program Grant Application for FY 2016

S Soby moved to approve the application to the 2016 EMPG Grant and be it resolved that the Board of Selectmen may enter into with and deliver to the State of Connecticut Department of Emergency Services and Public Protection, Division of Emergency Management and Homeland Security, any and all documents which it deems to be necessary or appropriate; and further resolved, that Art Shilosky, as First Selectman is authorized and directed to execute and deliver any and all documents on behalf of the Board of Selectmen and to do and perform all acts and things which he deems to be necessary or appropriate to carry out the terms of such documents, seconded by R Coyle. Unanimously approved. MOTION CARRIED

10. Citizen's Comments – D Mrowka notified the Board that they are invited to her grandson's Eagle Scout recognition.

11. First Selectman's Report

Two more tentative union contract agreements in the works. Lebanon Ave purchase, just waiting on one more signature from the seller. K9 Josie made a drug bust from a vehicle stop. CFO is working on the WJJMS building project bonding.

12. Liaison Reports

S Soby reported on Planning & Zoning – discussion on regulation changes, will go through the process on cleaning up. Close to agreement on Loomis Rd project. Small subdivision came in and made changes, therefore the commission could not act.

Health – some adjustments made to budget items to keep numbers where they need to be. Staff taking on fiscal responsibility. Hiring an administrative assistant towards the end of the year, as well as a part-time sanitarian. Push on regionalization based on Council of Regional Government. Hearings taking place at the capital, Tuesday at 10am

D Mizla reported on Youth Services – next Community Conversation will be 4/4 on "high in plain sight". This is a bedroom set up and will show what to be aware of looking for in your child's bedroom. Table Talk 100 attendees. Charter Revision – redline review is fairly complete. Had discussions with the CFO. Ordinances on open space preservation fund question discussed (memo attached)

13. Executive Session to Discuss Police AFSCME Council 4 Contract Negotiations

D Mizla moved to enter into executive session to discuss Police AFSCME Council 4 Contract Negotiations, seconded by S Soby. Unanimously approved. MOTION CARRIED.

Entered into executive session at 7:27 p.m.

Exited from executive session at 7:37 p.m.

14. Discussion and Possible Action on Police Contract for July 1, 2016 – June 30, 2020

R Coyle moved to approve Police Contract for July 1, 2016 through June 30, 2020 as amended and authorize the First Selectman to sign agreement, seconded by S Soby. Unanimously approved. MOTION CARRIED

13. Adjourn

J Jones moved to adjourn at 7:41 p.m., seconded by S Soby. Unanimously approved. MOTION CARRIED.

Attachments: Charter Revision Timelines

Respectfully submitted,



Tricia Dean, Clerk

February 27, 2017

Daniel Henderson
Chairperson
Colchester Ethics Commission
127 Norwich Avenue
Colchester, CT 06415

Dear Dan,

The purpose of this letter is to announce my resignation from Colchester Ethics Commission from this date. This was not an easy decision to make, on my part. The past 3 years have been very rewarding. I've greatly enjoyed working with you and the rest of the Commission members as we did our best to make Colchester's Ethics Code and its complaint process as accessible and easy for Colchester's citizens to understand and navigate.

I was recently notified that my term on the Commission had expired and that, along with my acceptance of a position with UCONN as an instructor for the state's Registrar of Voter's Foundations Certification Program, has led to my decision not to seek reappointment to the Commission at this time.

I wish you and the Commission members all the best. I sincerely hope our paths cross again in the future.

Kind regards,



Shannon R.T. Bergquist
25 Blackledge Drive
Colchester, CT 06415
860-267-6546
Shannonbergquist@sbcglobal.net

cc: Gayle Furman, Colchester Town Clerk

Linda M. Grzeika
54 Hilea Farms
Colchester, Connecticut 06415
(860) 537-5560 Home * (860) 908-1150 Cell
grzeika@sbcglobal.net

February 24, 2017

Mr. Art Shilosky, First Selectman
Town of Colchester
127 Norwich Avenue
Colchester, CT 06415

Dear Mr. Shilosky,

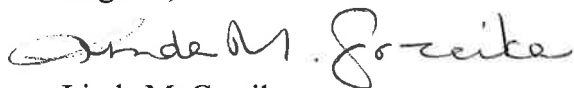
Please accept my resignation as a member of the Open Space Advisory Committee, effective February 24, 2017.

As you know, I recently accepted the position of Republican Registrar of Voters in Colchester, which is an elected office. According to the Colchester town charter, I am unable to serve on any board or commission while I am Registrar.

This resignation is bittersweet. I enjoyed serving on this board and was looking forward to working with members on their future goals, especially the preservation and acquisition of open space for the residents of Colchester.

Thank you.

Regards,



Linda M. Grzeika

Cc: Nick Norton, Chairman OSAC
Jay Gigliotti, Wetlands Enforcement Officer

Linda M. Grzeika
54 Hilea Farms
Colchester, Connecticut 06415
(860) 537-5560 Home * (860) 908-1150 Cell
grzeika@sbcglobal.net

February 24, 2017

Mr. Art Shilosky, First Selectman
Town of Colchester
127 Norwich Avenue
Colchester, CT 06415

Dear Mr. Shilosky,

Please accept my resignation as an alternate member of the Commission on Aging, effective February 24, 2017.

As you know, I recently accepted the position of Republican Registrar of Voters in Colchester, which is an elected office. According to the Colchester town charter, I am unable to serve on any board or commission while I am Registrar.

This resignation is bittersweet. I enjoyed serving on this commission and was looking forward to working with members on future goals, especially the building of a new Senior Center.

Thank you.

Regards,



Linda M. Grzeika

Cc: Jean Stawicki, Chairman



Town of Colchester, Connecticut

95 Norwich Avenue, Colchester, Connecticut 06415

Patricia A. Watts, Director of Senior Services/Municipal Agent

MEMORANDUM

To: Board of Selectmen

From: Patricia A. Watts, Director of Senior Services

Date: 03/02/2017

Re: Application for Section 5310 Funding for Vehicle Replacement

Section 5310 funding is used to fund the replacement of vehicles which have exhausted their useful life. Our 18 passenger 2010 Ford mini-bus is slated for retirement. This grant application for CTDOT is requesting Section 5310 funding, which if granted, would be utilized for the procurement of a new 18 passenger mini-bus. This vehicle would accommodate up to 20 passengers and 1 passenger in a wheelchair or up to 16 passengers and an additional 2 passengers in wheelchairs (two seats are convertible). This vehicle will be used to provide transportation services for seniors and disabled individuals ages 18 and older through the operations of the Colchester Senior Center in the Department of Senior Services. The cost of the bus will be approximately \$67,000, with \$53,600 (80%) of the funding provided through the DOT and \$13,400 (20%) provided through the Town budget. Application deadline for submission is March 24, 2017.

Recommended Motion

Motion to approve the submission of the Section 5310 Application to secure grant funding and authorize the First Selectman to sign all necessary documents.

Respectfully Submitted,

Patricia A. Watts

**FEDERAL TRANSIT ADMINISTRATION
SECTION 5310 PROGRAM**

**ENHANCED MOBILITY OF SENIORS AND
INDIVIDUALS WITH DISABILITIES**

Federal Fiscal Year 2016 Grant Cycle

TRADITIONAL GRANT APPLICATION – CAPITAL FUNDS

**State of Connecticut
Department of Transportation**



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Traditional Section 5310 Capital Application

I. General Information

Project Name: 18 Passenger Bus
(Ex: "Weeknight Service", "8 Passenger Van", "12 Passenger Bus", or "Kiosk Request")

Legal Name of Applicant Organization: Town of Colchester

Primary Street Address: 127 Norwich Avenue

P.O. Box #:

City:

Town: Colchester

Zip code: 06415

County: New London

Organization Website: www.colchesterct.gov

Name of Program Contact: Patricia A. Watts

Title of Program Contact: Director of Senior Services

Email Address of Program Contact: pwatts@colchesterct.gov

Telephone Number: 860-537-3911

Fax Number: 860-537-5574

Federal Employer Identification Number: 06-6001974

Type of Agency/Organization:

Private non-profit

State or local governmental

Operator of public transportation services (including public or private operators)

Other: _____

Is your organization incorporated?* Yes No

*If yes, a copy of your organization's Articles of Incorporation MUST be attached.

(All applicants, except municipalities, must attach Articles of Incorporation to this application if their organization is incorporated, even if the organization is a prior recipient of Section 5310 funding. Municipalities are exempt from this requirement.)

Traditional Section 5310 Capital Application

II. Proposal

1. Describe your organization and the general services (non-transportation), programs and activities currently provided.

The Colchester Senior Center is a social, educational, recreational and wellness resource center for older adults, serving senior citizens ages 55 and over. We provide an array of programs, classes and special events to meet the needs, abilities and interests of those we serve; information and referrals for local, State and Federal resources; local and out-of-town transportation services; meaningful volunteer opportunities and a nutritionally balanced hot lunch program served weekdays, as well as Home Delivered Meals throughout the week.

2. Explain in detail the type of transportation service your organization currently provides and whether it is fixed route, dial-a-ride, etc.

We currently operate two wheelchair accessible buses between the hours of 8:00 a.m. and 3:30 p.m. for Dial-A-Ride transportation services within the borders of the Town of Colchester. Transportation services are provided to seniors over the age of 60 and/or individuals over the age of 18 with disabilities with priorities given to/from the senior center and home, medical appointments within town limits, transportation to/from work, necessary errands such as grocery shopping, pharmacy and banking errands and recreational outings and/or trips, as scheduled through the senior center calendar.

Additionally, we provide out-of-town transportation services either in a minivan or 10 passenger wheelchair accessible bus. This service is primarily for medical transportation, for seniors over the age of 60 and/or individuals over the age of 18 with disabilities. We will transport individuals to medical appointments within a 45 miles radius of the Town of Colchester which includes Norwich, Middletown, Manchester, Glastonbury, Hartford, Farmington and others. This services is critically important when living in a rural town, such as Colchester, as medical practices tend to be located within larger towns and cities.

3. List the towns to which your organization currently operates transportation.

In-Town Transportation: Colchester only, out of town for special excursions/events i.e.: shopping trips, lunch bunch (restaurant outings), and travel destination in-state.

Out-of-Town Medical Transportation: Norwich, Middletown, Manchester, Glastonbury, Hartford, Farmington (up to a 45 mile radius from the Town of Colchester.)

4. Fill in the hours of each day that your organization currently operates transportation. Provide the number of one-way trips by day of the week. (See Appendix A - Definitions, Passenger Trip in Application Instructions packet).

	Begin (AM/PM)	End (AM/PM)	# of Trips
Sunday	special events		
Monday	8:00 a.m.	3:30 p.m.	*47
Tuesday	8:00 a.m.	3:30 p.m.	*47
Wednesday	8:00 a.m.	3:30 p.m.	*47
Thursday	8:00 a.m.	3:30 p.m.	*47
Friday	8:00 a.m.	3:30 p.m.	*47
Saturday	special events		* 2016 averages

Traditional Section 5310 Capital Application

5. What kinds of trips does your organization currently provide? Select all trip purposes that apply.

- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> Medical | <input checked="" type="checkbox"/> Nutrition | <input checked="" type="checkbox"/> Education |
| <input checked="" type="checkbox"/> Work | <input checked="" type="checkbox"/> Recreation | <input checked="" type="checkbox"/> Other (explain): <u>Personal/Shopping</u> |

6. Why is your organization requesting a vehicle? Please describe your proposal in detail and how it will serve seniors and individuals with disabilities.

This funding, if granted, would be utilized to replace the oldest bus in our fleet, which is an 18 passenger 2010 Ford bus. This vehicle is used for Dial-A-Ride transportation services in the Town of Colchester during the senior center's hours of operation (8:00 a.m. to 4:00 p.m.) on Monday through Friday, with occasional weekend excursions, as scheduled in our monthly activities. The priorities for this transportation service includes to/from the senior center and home, to local medical appointments, transportation to/from work, for necessary errands such as grocery shopping, banking, salon appointments and other activities of daily living, as well as special trips and outings.

7. How will this project be managed by your organization? I.e., How will program compliance and reporting be addressed?

Currently, we use a data system called My Senior Center to schedule rides. Using this system, the Director of Senior Services pulls information necessary to complete the Quarterly Section 5310 Reports. Our Fleet Manager furnishes the information about repairs and maintenance.

8. Indicate the number of vehicles your organization is applying for: one

9. List the proposed service area (all towns) to be served by the vehicle (s) and/or project (s). Indicate the primary service location(s).

This vehicle will serve primarily for in-town transportation services within the Town of Colchester. On occasion this vehicle may also be used for out-of-town transportation services throughout the state, for special trips and outings sponsored by the Colchester Senior Center. Some examples include shopping trips, Lunch Bunch outings to area restaurants and trips to area attractions for recreational, social and educational purposes.

10. Specify the hours the vehicle(s) would operate and the expected number of one-way trips per day.

	Vehicle 1			Vehicle 2		
	Begin (AM/PM)	End (AM/PM)	# of Trips	Begin (AM/PM)	End (AM/PM)	# of Trips
Sunday	occasional			occasional		
Monday	8:00 a.m.	3:30 p.m.	25	8:00 a.m.	2:30 p.m.	20
Tuesday	8:00 a.m.	3:30 p.m.	25	8:00 a.m.	2:30 p.m.	20
Wednesday	8:00 a.m.	3:30 p.m.	25	8:00 a.m.	2:30 p.m.	20
Thursday	8:00 a.m.	3:30 p.m.	25	8:00 a.m.	2:30 p.m.	20
Friday	8:00 a.m.	3:30 p.m.	25	8:00 a.m.	2:30 p.m.	20
Saturday	occasional			occasional		

Traditional Section 5310 Capital Application

11. Describe the transportation services provided by *other* municipalities and nonprofit organizations in your proposed service area that are available to seniors and/or persons with disabilities.

This should include the services provided by public transportation operators and private operators (taxi). Itemize the days and hours of operation of these services, as well as fares and any restrictions on trip purpose.

Curtin Transportation Group: livery service for fares; ECTC, Inc.: Eastern CT Travel Voucher Program for those with disabilities (application required prior to service) for discounted fare; ECTC, Inc. Rides for Jobs Program for employment transportation (application required prior to service); MED-X Transportation, LLC for Medicaid eligible riders for medical appointments, shopping/personal, work, nutrition and/or recreation; Reliance House for mental health, employment of education services (age, residency, disability requirements with prior application).

12. Why are the existing transportation resources listed above insufficient in serving the needs of seniors and individuals with disabilities?

The Colchester Senior Center is the only organization which offers wheelchair accessible transportation services to seniors/disabled persons solely for donations. No individuals are refused service based on ability to pay. Although our members are generous, there are many (especially low income individuals) who would not be able to afford transportation services that are fee-based, even when offered at a discounted rate.

13. What gap or strategy identified in the *Locally Coordinated Public Transit Human Service Transportation Plan* (LOCHSTP) does your organization's proposal address? Information on LOCHSTP may be found on page 13 of the Application Instructions, Section 5310 Program Guidelines.

The transportation services offered through the Town of Colchester's Department of Senior Services (Colchester Senior Center) addresses several LOCHSTP strategies and/or gaps:

Weekday Off-Peak Timeframes: We coordinate basic mobility needs for seniors (age 60 and over) and disabled individuals (age 18 and over) in the community during the Colchester Senior Center's hours of operation between 8:00 a.m. and 4:00 p.m., Monday through Friday.

Weekends: We offer occasional transportation service on weekends, as scheduled in the senior center's calendar of activities i.e. special trips, shows and programs or fundraising events held on weekends.

On Demand Service: Our transportation service allows clients to access opportunities throughout the community for employment, recreational/leisure activities, medical appointments, grocery/personal shopping, baking and pharmacy errands, and more. We require reservations to be made through the Colchester Senior Center by 12:00 noon the previous day.

Service for Persons Who are not Eligible for ADA Services/Trips That Are Not ADA Eligible: All three of our mini-buses are equipped with mechanical lifts/wheelchair ramps, allowing us to serve those with mobility impairments, or those unable to navigate the bus steps. This allows them access to many community opportunities, including the Colchester Senior Center for classes, recreational activities, fitness/wellness programs, educational programs, special trips, congregate meal and many other opportunities which enhance their quality of life and reduce their risk for social isolation.

Door-to-Door/Door-Through-Door Service: Our out-of-town transportation services for medical appointments assists individuals into the doctor's office and back home, as required.

Qualified Drivers: 2 of our drivers are CDL licensed and one has her PSL, all with passenger endorsements. All of our drivers are attentive to the needs of their riders and provide exceptional

Traditional Section 5310 Capital Application

customer service.

14. Does your organization currently coordinate with a non-profit agency or municipality to provide transportation services? No, we are a municipality

If yes:

- a. Please describe below. Note whether or not the coordination involves sharing a vehicle.
- b. Attach a copy of the interagency agreement

15. Does your organization currently utilize a private operator - such as a taxi/livery company - for all or part of your transportation services? Yes No

- a. If yes, please describe and attach a copy of the service agreement with the application.
- b. If no, please describe methods for periodically reviewing your transportation services to determine whether they can be provided more efficiently by the private sector¹.

In Colchester, we are the only transportation service available that are affordable for many of the people whom we serve who are on fixed incomes. Because the transportation through the Colchester Senior Center is based on donations (not fares) and because no one is turned away based on ability to pay, we are the only option available for many of our riders who would not be able to pay for a traditional fare-based service.

As we become aware of alternate methods of transportation, we educate our membership of their options. ECTC comes to provide public education at our senior center about the Transportation Options throughout Eastern CT.

Our transportation is provided on a first-come-first-served basis until we meet our maximum capacity. On occasion, we are unable to accommodate a transportation request. At these times, we offer a resource list to our members so that they may find alternate means of transportation.

16. Does your organization plan to coordinate and/or combine your proposed service with the existing transportation services in your proposed service area? Yes No

- a. If yes please elaborate and indicate any efforts made toward regional coordination of service.
- b. If no, please indicate why.
Because the operational budget for our senior/disabled transportation is supported by the municipal budget, our services are limited to residents of Colchester, who meet the criteria to receive services.

17. Will your organization operate transportation service or contract the service out?

We operate the transportation service through the Senior Services Department of the Town of Colchester, located at the Colchester Senior Center. Our office staff receive the calls to schedule rides and our drivers are employees of the Town of Colchester, in the Department of Senior Services.

18. How does your organization resolve complaints? Please explain the complaint procedure in detail.

¹ Local public bodies and nonprofit organizations are expected to maintain public records that document procedures and efforts made to obtain private sector participation and the rationale used in making public/private service decisions.

Traditional Section 5310 Capital Application

Throughout the last year, no complaints have been received, however, we do have Policies and Procedures which spell out how grievance procedures are handled--first by the Director of Senior Services, and if requested to the First Selectman of the Town of Colchester.

19. How does this proposal make the most of available local, state and federal public transportation resources?

The Town of Colchester, as a rural community, does not have access to as much public transportation as other towns/cities in the area. This proposal allows the rapidly growing demographic of seniors in Colchester the ability to have their basic transportation needs met in an affordable manner. We are seeing demand for senior/disabled transportation services grow. In 2014-15, our department saw an increase of 48% in transportation requests. We do anticipate that as the senior population continues to swell, the need for transportation services will continue to grow also. The Town of Colchester projects that by the year 2030, 40% of the town's population will be comprised of people aged 55 and over. This proposal addresses the need for increased transportation service.

20. How will your organization let seniors and individuals with disabilities know about the availability of service and promote public awareness?

The Town of Colchester lists senior/disabled transportation services on its website, under Senior Services. Additionally, the Colchester Senior Center distributes 450 paper copies of a monthly newsletter, which details our transportation services. A digital copy is also available on our website and we have notice an increase in members accessing this information digitally. The Department of Senior Services disseminates information about senior center programs and services through local press releases, email blasts through the office of the First Selectman and statewide resources, such as 211. The Department of Youth and Social Services gives their clients referrals about transportation, as well.

21. Estimate the number of individuals in the following groups to be served by the vehicle:

<u>5</u>	Black	<u>1</u>	Pacific Islander	<u>128</u>	White
<u>2</u>	Hispanic	<u>2</u>	American Indian	<u>0</u>	Other
<u>2</u>	Asian	<u>0</u>	Alaskan Native		

Explain how these figures were determined:

We have a data management system called My Senior Center, which we use to calculate statistics. This fiscal year, we have begun to dispatch our transportation services through this system. Racial demographics (as well as many other helpful statistics) can be easily reported through this system.

22. How would your organization inform people with Limited English Proficiency about the service?

At this time, we are not aware of any needs. Colchester has very few non-English speaking residents. If a request were made, the Office of the First Selectman manages all Title VI requests/complaints.

23. Attach evidence of efforts made to notify other public and private transit and paratransit providers of your proposed service. This **MUST** include:

Traditional Section 5310 Capital Application

- a. A copy of the Public Notice must be placed in a major newspaper with the greatest appropriate readership in the proposed service area. A copy of the tear sheet (paid invoice from the newspaper) showing the date published and cost.
- b. A copy of each letter sent to transit operators and agencies in the proposed service area.
- c. Written comments from interested parties, if any.

24. Identify the location where the vehicle(s) will be housed: The Town of Colchester Garage

25. For each vehicle your organization is applying for, list below the seating capacity (number of ambulatory & wheelchair passengers) as well as the type of vehicle. Please check only one vehicle type for each vehicle. See Appendix K in the Application Instructions packet for vehicle specifications and note that a Commercial Driver’s License (CDL) is required to transport 16 or more people, including the driver.

	Passenger Capacity		Vehicle Type	
	Ambulatory	Wheelchair	Mini-Bus (11-20 Passengers)	Van (10 or Less Passengers)
Example	8	2	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Vehicle 1	20/16 (convertible)	1/2	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vehicle 2			<input type="checkbox"/>	<input type="checkbox"/>

26. Indicate below whether the vehicle(s) will be used to replace an existing vehicle, expand service or start a new service. Check one per vehicle being applied for.

	Replace Existing Vehicle	Expand Service	Start New Service
Veh 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Veh 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

27. List your current vehicle inventory on the next page and fill in all boxes for each vehicle listed, up to 20. Please use the Vehicle Type Abbreviation Legend below when filling out Vehicle Type.

Vehicle Type Abbreviation	
Sedan/Station Wagon	S
Mini-van	MV
Low Floor Mini-van	LFMV
Standard Van	V
High Top Van	HTV
Service Bus	SB
Other*: _____	O
*If Other, please explain	

Traditional Section 5310 Capital Application

Traditional Section 5310 Capital Application

Current Vehicle Inventory

	Year/Model	Vehicle Type	Vehicle ID # (VIN)	Vehicle License Plate #	Passenger/Wheelchair Capacity	Current Mileage	Special Equipment	Original Funding Source	Replacing vehicle w/ this application?
	2009/ Example	SB	2FDEE1234U567S890	SB14392	10/2	125,000	Lift-ramp	Section 5310/DSS	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Vehicle 1	2010/Ford	SB	1FDFE4FSXADA76097	41489	16/2	87,240	Lift Ramp	Section 5310 & Town of Colchester	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Vehicle 2	2012/Ford	SB	1FDEE3FL3CDA94524	40984	10/2	48,665	Lift Ramp	Section 5310 & Town of Colchester	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Vehicle 3	2017/Ford	SB	1FDEE3FS4HDC04608	AB30684	12/2	6,095	Lift Ramp	Section 5310 & Town of Colchester	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Vehicle 4	2016/Ford	MV	NM0GE9E72G1286168	49CO	6	2,881	N/A	Town of Colchester	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Vehicle 5	/								<input type="checkbox"/> Yes <input type="checkbox"/> No
Vehicle 6	/								<input type="checkbox"/> Yes <input type="checkbox"/> No
Vehicle 7	/								<input type="checkbox"/> Yes <input type="checkbox"/> No
Vehicle 8	/								<input type="checkbox"/> Yes <input type="checkbox"/> No
Vehicle 9	/								<input type="checkbox"/> Yes <input type="checkbox"/> No
Vehicle 10	/								<input type="checkbox"/> Yes <input type="checkbox"/> No
Vehicle 11	/								<input type="checkbox"/> Yes <input type="checkbox"/> No
Vehicle 12	/								<input type="checkbox"/> Yes <input type="checkbox"/> No
Vehicle 13	/								<input type="checkbox"/> Yes <input type="checkbox"/> No
Vehicle 14	/								<input type="checkbox"/> Yes <input type="checkbox"/> No
Vehicle 15	/								<input type="checkbox"/> Yes <input type="checkbox"/> No
Vehicle 16	/								<input type="checkbox"/> Yes <input type="checkbox"/> No

Traditional Section 5310 Capital Application

Year/Model	Vehicle Type	Vehicle ID # (VIN)	Vehicle License Plate #	Passenger/Wheelchair Capacity	Current Mileage	Special Equipment	Original Funding Source	Replacing vehicle w/ this application?
Vehicle 17	/							<input type="checkbox"/> Yes <input type="checkbox"/> No
Vehicle 18	/							<input type="checkbox"/> Yes <input type="checkbox"/> No
Vehicle 19	/							<input type="checkbox"/> Yes <input type="checkbox"/> No
Vehicle 20	/							<input type="checkbox"/> Yes <input type="checkbox"/> No

Current Vehicle Inventory – Continued

Year/Model	Vehicle Type	Vehicle ID # (VIN)	Vehicle License Plate #	Passenger/Wheelchair Capacity	Current Mileage	Special Equipment	Original Funding Source	Replacing vehicle w/ this application?
2009/Example	SB	2FDEE1234U567S890	SB14392	10/2	125,000	Lift-ramp	Section 5310/DSS	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Vehicle 21	/							<input type="checkbox"/> Yes <input type="checkbox"/> No
Vehicle 22	/							<input type="checkbox"/> Yes <input type="checkbox"/> No
Vehicle 23	/							<input type="checkbox"/> Yes <input type="checkbox"/> No
Vehicle 24	/							<input type="checkbox"/> Yes <input type="checkbox"/> No
Vehicle 25	/							<input type="checkbox"/> Yes <input type="checkbox"/> No
Vehicle 26	/							<input type="checkbox"/> Yes <input type="checkbox"/> No
Vehicle 27	/							<input type="checkbox"/> Yes <input type="checkbox"/> No
Vehicle 28	/							<input type="checkbox"/> Yes <input type="checkbox"/> No
Vehicle 29	/							<input type="checkbox"/> Yes <input type="checkbox"/> No
Vehicle 30	/							<input type="checkbox"/> Yes <input type="checkbox"/> No
Vehicle 31	/							<input type="checkbox"/> Yes <input type="checkbox"/> No
Vehicle 32	/							<input type="checkbox"/> Yes <input type="checkbox"/> No

Traditional Section 5310 Capital Application

Year/Model	Vehicle Type	Vehicle ID # (VIN)	Vehicle License Plate #	Passenger/ Wheelchair Capacity	Current Mileage	Special Equipment	Original Funding Source	Replacing vehicle w/ this application?
Vehicle 33	/							<input type="checkbox"/> Yes <input type="checkbox"/> No
Vehicle 34	/							<input type="checkbox"/> Yes <input type="checkbox"/> No
Vehicle 35	/							<input type="checkbox"/> Yes <input type="checkbox"/> No
Vehicle 36	/							<input type="checkbox"/> Yes <input type="checkbox"/> No
Vehicle 37	/							<input type="checkbox"/> Yes <input type="checkbox"/> No
Vehicle 38	/							<input type="checkbox"/> Yes <input type="checkbox"/> No
Vehicle 39	/							<input type="checkbox"/> Yes <input type="checkbox"/> No
Vehicle 40	/							<input type="checkbox"/> Yes <input type="checkbox"/> No

Current Vehicle Inventory – Continued

Year/Model	Vehicle Type	Vehicle ID # (VIN)	Vehicle License Plate #	Passenger/ Wheelchair Capacity	Current Mileage	Special Equipment	Original Funding Source	Replacing vehicle w/ this application?
2009/Example	SB	2FDEE1234U567S890	SB14392	10/2	125,000	Lift-ramp	Section 5310/DSS	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Vehicle 41	/							<input type="checkbox"/> Yes <input type="checkbox"/> No
Vehicle 42	/							<input type="checkbox"/> Yes <input type="checkbox"/> No
Vehicle 43	/							<input type="checkbox"/> Yes <input type="checkbox"/> No
Vehicle 44	/							<input type="checkbox"/> Yes <input type="checkbox"/> No
Vehicle 45	/							<input type="checkbox"/> Yes <input type="checkbox"/> No
Vehicle 46	/							<input type="checkbox"/> Yes <input type="checkbox"/> No
Vehicle 47	/							<input type="checkbox"/> Yes <input type="checkbox"/> No
Vehicle 48	/							<input type="checkbox"/> Yes <input type="checkbox"/> No

Traditional Section 5310 Capital Application

Year/Model	Vehicle Type	Vehicle ID # (VIN)	Vehicle License Plate #	Passenger/ Wheelchair Capacity	Current Mileage	Special Equipment	Original Funding Source	Replacing vehicle w/ this application?
Vehicle 49	/							<input type="checkbox"/> Yes <input type="checkbox"/> No
Vehicle 50	/							<input type="checkbox"/> Yes <input type="checkbox"/> No
Vehicle 51	/							<input type="checkbox"/> Yes <input type="checkbox"/> No
Vehicle 52	/							<input type="checkbox"/> Yes <input type="checkbox"/> No
Vehicle 53	/							<input type="checkbox"/> Yes <input type="checkbox"/> No
Vehicle 54	/							<input type="checkbox"/> Yes <input type="checkbox"/> No
Vehicle 55	/							<input type="checkbox"/> Yes <input type="checkbox"/> No
Vehicle 56	/							<input type="checkbox"/> Yes <input type="checkbox"/> No
Vehicle 57	/							<input type="checkbox"/> Yes <input type="checkbox"/> No
Vehicle 58	/							<input type="checkbox"/> Yes <input type="checkbox"/> No
Vehicle 59	/							<input type="checkbox"/> Yes <input type="checkbox"/> No
Vehicle 60	/							<input type="checkbox"/> Yes <input type="checkbox"/> No

Traditional Section 5310 Capital Application

28. Maintenance of vehicles/project equipment is a priority of CTDOT. Who would perform the maintenance for your vehicle?

The Town of Colchester will perform all routine maintenance.

29. Describe in detail your organization's vehicle maintenance plan or the maintenance required by your service contract agreement. Include the schedule for maintenance.

It is the policy of the Town of Colchester to follow the manufacturer's recommended maintenance schedule for all vehicles in their fleet. Monthly bus maintenance is as follows: safety inspection, visual inspection of undercarriage, application of rust preventative, as needed, visual inspection of bus interior, check interior/exterior lights, check all fluid levels, check air filter, check ball joints and steering components, test battery/clean terminals, lube chasis, bus doors and emergency exit, check tire pressure and tread depth, check lift operation, clean and test a/c and heaters, inspect body mounts, visual inspection of brakes, test parking brake, anti-lock skid test, test back up alarm, test electric horn, check wiper blades, check fan belt, road test, wash exterior, undercarriage wash (winter months), change oil on schedule using high quality synthetic oil. Annually, pull tires for full brake inspection.

30. If your organization has a vehicle that does not meet minimum useful life requirements to be eligible for replacement but needs to be replaced due to excessive maintenance, please complete the question below. See Appendix A - Definitions, Useful Life in Application Instructions packet.

You may skip to the Transportation Budget section if your vehicle has reached its minimum useful life.

Describe the major component problems. These may include repeated engine replacement, excessive brake and transmission replacement, excessive repairs during warrantee period due to design flaw, or repair costs that amount to more than the vehicle replacement cost. Please attach copies of the repair bills or letters that have been submitted to the vendor and/or original equipment manufacturer with this application.

Traditional Section 5310 Capital Application

III. Transportation Budget

<u>Estimated Operating Expenses</u> ²	
a. Wages, Salaries & Benefits	\$83,153.00
b. Maintenance & Repair	\$5,000.00
c. Fuel	\$7,560.00
d. Insurance	\$1,545.00
e. Administrative Overhead & General Expenses	\$0.00
f. Contract Services (specify): <u>physicals/licenses/randomized testing</u>	\$775.00
g. Other Expenses (specify): <u>Substitute Coverage for Drivers</u>	\$4,500.00
TOTAL OPERATING EXPENSES	\$102,533.00
<u>Estimated Operating Income</u> ³	
a. Passenger Revenue	\$0.00
b. Other Funding Sources (Ex. Fundraisers, Donations, Budget, Grants)	
Funding Source 1 – <u>Town of Colchester (operational budget)</u>	\$76,976.00
Funding Source 2 – <u>Municipal Grant Program (CTDOT)</u>	\$33,320.00
Funding Source 3 – <u>Rider Donations</u>	\$4,185.00
Funding Source 4 - _____	\$
Funding Source 5 - _____	\$
Funding Source 6 - _____	\$
TOTAL OPERATING INCOME	\$114,481.00
<u>Total Vehicle Cost</u> ⁴	
a. Vehicle 1 Cost	\$67,000.00
b. Vehicle 2 Cost	\$
TOTAL VEHICLE COST	\$67,000.00
<u>Federal Subsidy Requested</u> ⁵	
a. Vehicle 1 FTA Subsidy Amount (80% of Vehicle 1 Cost)	\$53,600.00
b. Vehicle 2 FTA Subsidy Amount (80% of Vehicle 2 Cost)	\$
TOTAL FEDERAL SUBSIDY REQUESTED	\$53,600.00
<u>Source of Match</u>	
a. Source of Match - Vehicle 1 (specify): <u>Town of Colchester (20% match)</u>	\$13,400.00
b. Source of Match - Vehicle 2 (specify): _____	\$
TOTAL MATCH	\$13,400.00

² Estimate all of the expenses associated with operating the requested vehicle(s).

³ Indicate how your organization will pay for the expenses associated with operating the requested vehicle.

⁴ See Appendix J in Application Instructions for vehicle pricing. Call CTDOT with any questions.

⁵ The FTA will pay 80% of the cost of an accessible vehicle, not to exceed the amount estimated in the application or 80% of the actual vehicle cost, whichever is lower. The awarded recipient must fund the remaining cost (match).

Traditional Section 5310 Capital Application

IV. Applicant Signature

Signature Required: By signing or typing my name on the signature line below, I confirm that I have completed this application to the best of my knowledge on behalf of my organization, and that I have read and understand the application instructions associated with this Section 5310 application. I have made a copy of the completed application packet for my records.

Grant Applicant Signature⁶:

Patricia A. Watts

Date:

3/6/17

⁶ Name of person who completed the grant application. May differ from the program contact.

Traditional Section 5310 Capital Application

V. Certification for Private Nonprofit Organizations and Eligible Public Bodies

Federal Transit Administration Section 5310 Program
Federal Fiscal Year 2016

Title 49 U.S.C. 5310(a)(1) authorizes funding for public transportation capital projects planned, designed and carried out to meet the special needs of elderly individuals and individuals with disabilities.

Title 49 U.S.C. 5310(a)(2) provides that a State may allocate the funds apportioned to it to a governmental authority that certifies that there are not any non-profit organizations readily available in the area to provide the special transportation services.

I Arthur Shilosky, First Selectman certify that there are no non-profit
(Name of Authorized Official)

organizations serving Town of Colchester
(Name of Organization)

which meet the special transportation needs of seniors and individuals with disabilities.

Signature of Authorized Official⁷

Date

⁷ Authorized official may be an Executive Director, Mayor or First Selectman.



Town of Colchester, Connecticut

95 Norwich Avenue, Colchester, Connecticut 06415

Patricia A. Watts, Director of Senior Services/Municipal Agent

MEMORANDUM

To: Board of Selectmen

From: Patricia A. Watts, Director of Senior Services

Date: 03/02/2017

Re: Application for Title III Grant Renewal

Title III grant funding is being requested from Senior Resources, Area Agency on Aging in the amount of \$14,665.00. These funds would be used to continue the Making Memories Program, a beneficial social-model program for individuals facing memory loss/dementia and/or social isolation, at the Colchester Senior Center on Mondays, Tuesdays and Wednesdays from 9:00 a.m.-1:00 p.m. Please note that on the Certification of Non-Federal Match for the Title III Program worksheet, the Cash Amount listed of \$8,304.00 is already built into the Colchester Senior Center budget and does not require additional funding from the Town of Colchester. Please see budget pages of the application for additional information. Application deadline is March 23, 2017 by 3:00 p.m.

Recommended Motion

Motion to approve the submission of Title III Grant Renewal Application to secure grant funding for the Making Memories Program, FY 2017-18 and authorize the First Selectman to sign all necessary documents.

Respectfully Submitted,

Patricia A. Watts



PROGRAM DESCRIPTION AND WORK PLAN – FY 2018 TITLE III FUNDING

Legal Name of Organization Colchester Senior Center
Address, City, State, Zip 95 Norwich Avenue Colchester, CT 06415
Phone Number 860-537-3911
Fax Number 860-537-5574
Organization Website www.colchesterct.gov

Agency Type:

Non-Profit Private for Profit Public Municipality

DUNS Number (<http://www.dnb.com/get-a-duns-number.html>) 177899317
Employer Identification Number 06-6001974

Program Name Making Memories Program
Program Address same

Program Contact Name Patricia A. Watts
Title Director of Senior Services
Phone 860-537-3911
Fax 860-537-5574
Email pwatts@colchesterct.gov

Title of the Older American Act under which funding is requested:

Title IIIB (Social Services) Title IIID (Evidence Based Health Promotion Programs)

Category ex: Access, In-Home, etc. Therapeutic Activity

How many years has this program been funded by Title III? 8

TOTAL TITLE III REQUEST **\$14,665.00**

It is understood and agreed by the undersigned that funds awarded as a result of this request are to be expended for the purposes set forth herein and in the Standard Assurances document in accordance with all applicable laws, regulations, policies and procedures of Senior Resources Agency on Aging, the State Department on Aging, the Administration for Community Living and the U. S. Department of Health and Human Services.

Authorized Signatory _____
Signature _____
Title First Selectman
Date 3/16/2017

1. ORGANIZATIONAL OVERVIEW.

- a. Organization mission statement and capacity to implement proposed program.

It is the mission of the Colchester Senior Services Department to support older adults by providing programs and services designed to promote their independence, health, wellness and overall quality of life. The Making Memories Program was launched in 2008, when a need was identified that some of the senior center members, particularly those with memory loss, were requiring more attention and care. At that time a start-up grant through the Brookdale Foundation was applied for and awarded. Senior Resources first started funding this program in October 2009, after the program was already in force. The MMP continues to meet a specific need at the Colchester Senior Center.

- b. Describe the organization's financial position, including trends, challenges, or unusual developments over the last three years.

The Town of Colchester's financial position is excellent with General Fund balance showing steady growth. There are no significant challenges which cannot be met. State funding has remained relatively flat over the last three years, but has not been finalized for the next fiscal year, as of yet.

2. PROGRAM SUMMARY. ***Briefly** describe the proposed program in one paragraph.*

The Making Memories Program is a therapeutic (social model) recreational program designed to help seniors ages 60 and up who are experiencing mild/moderate memory loss, cognitive impairment and/or those at risk for social isolation. The goal of the program is to help each participant reach and maintain their optimal level of functionality in a structured and supportive environment and to promote their independence and sense of well-being. We strive to empower each participant to enjoy a variety of group activities which promote an ongoing sense of contentment, vitality and cognitive orientation.

3. TITLE III FUNDS NEED. If this is a new application and program and is currently funded with other sources, explain why Title III funds are needed. If a current contractor, skip and go to next question.

N/A

4. DETAILED PROGRAM DESCRIPTION.

- a. Identify the community need your program proposes to address. How does this need address a Senior Resources funding priority as defined in the Area Plan (plan summary available in the RFP Guidelines and Application Instructions)? Identify the Area Plan Priority Area.

By providing activities which engage the brain and promote socialization; this program serves to encourage cognitive orientation, functionality and social engagement. This program serves as a safety net for early intervention, as well, when changes are observed in an individual's behavior, cognition or physical functionality. Most of our participants live independently, either alone or with a spouse. This specifically addresses the Area Plan's Priority Area as follows: Objective 1 (Healthy Aging) as well as Objective 3 (Long Term Services and Supports) under "Other Community Services"-recreation and senior center use.

- b. Describe the services to be provided to address the need, including all major components of the program. Include how often the service will be provided and where (facility).

The Making Memories Program is offered at the Colchester Senior Center at 95 Norwich Avenue, Colchester, Connecticut. It is held on Mondays, Tuesdays and Wednesdays from 9:00 a.m. to 1:00 p.m. Classes are structured with multiple small group activities designed to stimulate different areas of the brain. Each day is a similar format, which helps promote increased cognitive orientation but provides different activities which keep participants engaged and interested. The socialization combined with the small group activities enhance cognition and helps to keep participants alert, oriented and able to maintain independence for a longer period of time.

- c. Title III Contractors are required to assist participants in taking advantage of benefits under other programs (i.e.; energy assistance, food security, health insurance counseling). Describe how:
- i. unmet needs of clients will be assessed for assistance beyond what this program will provide

The Colchester Senior Center serves as a Senior Nutrition Program site, where TVCCA's nutritionally-balanced meals are provided every weekday. The Colchester Senior Center is an intake site for beneficial programs such as Energy Assistance and Renter's Rebate (in applicable seasons). The Director is a certified CHOICES counselor and able to assist with Medicare related issues, screenings, New to Medicare education and open enrollment seasons.

- ii. referrals will be made to help clients access needed services.

Most Making Memories Program participants eat their noontime meal at the senior center, as part of the program day Monday, Tuesday and Wednesday. When a participant has a need, the Making Memories Program Coordinator makes it known to the Director of Senior Services, who can work with the individual or when appropriate, involve their family to access beneficial services.

- d. Describe how the proposed program will coordinate with other appropriate services.

The Colchester Senior Center is designated as a "Community Focal Point" for senior programs and services. We are the only office in the Town of Colchester which processes applications for the Renter's Rebate program. The senior center and Department of Social Services both take Energy Assistance applications, however the online process prohibits the duplication of services. When we have a need which we can not meet, we make referrals to our Area Agency on Aging.

5. PROGRAM IMPACT. Identify the primary outcome of the program. (Explain the impact the service will make in a consumer's life.)

Outcome	The main benefit of the Making Memories Program is that the participants who were once on the outskirts socially for a variety of reasons, now have a place to belong, where they can feel safe and have fun. Friendships and social engagement are important components to cognitive stability and even growth. The Making Memories Program creates an atmosphere within the senior center in which deeply caring friendships are fostered. While this provides a benefit unto itself, the Making Memories Program also challenges and engages its clients in a way which promotes cognitive function. The "safe-space" and stimulating activities combine to create a sought-after program with an excellent reputation throughout the community.
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6. PROGRAM RESOURCES.

- a. Describe how management, staff and resources will be utilized to ensure success of this program.

The Making Memories Program has a dedicated staff member (Making Memories Program Coordinator) who works 18 hours per week and is responsible for the preparation, planning and facilitating of the class. She also conducts assessments and orientations for new participants to screen them for eligibility and is responsible to market the program to the community. The Director of Senior Services supervises all aspects of the program, is responsible for timely submission of monthly grant reports, administers the annual Satisfaction Survey to each participant, applies for alternative funding and serves as a point of contact for families of program participants.

- b. **Background Checks.** The State requires all Contractors, employees and volunteers undergo criminal background checks to ensure the safety of clients. Explain the process your Agency has for having background checks on all client contact employees and volunteers.

Background checks are mandatory for all employees of the Town of Colchester and are a condition of hire. All employed staff members have had a full criminal background screening. We do not at this time have a process by which senior center volunteers are subject to criminal background checks. To do so would be cost prohibitive. However, we have only one regular volunteer who helps out with the Making Memories Program. We could conduct a background check for her through the Human Resources Department.

7. **ACTIVITIES AND PROGRAM INDICATORS.** Describe activities needed to reach the expected outcome. List the indicators to be used to measure the success of the outcome.

ACTIVITIES	PROGRAM INDICATORS
To maintain the cognitive function of seniors facing early stages of memory loss/dementia.	The Montreal Cognitive Assessment will be administered to all participants twice annually, with 60% exhibiting stability or improvement in their results, as measured within 2 points above or 2 points below last recorded score.
To maintain an average active roster of 14 unduplicated participants (annually) benefiting from the Making Memories Program. When program is filled to capacity, develop a wait list of up to 4 additional participants.	This will be evaluated at year end by the monthly attendance roster and monthly performance reports, 6 Month Narrative Report and Year End Narrative Report.
To increase the socialization of at-risk seniors- those with dementia, those at risk for social isolation (non-dementia related) and those who have a combination of both dementia and social isolation.	75% of participants will actively participate in the program, as evidenced by their attendance in at least 2 out of 3 days/week. Goal achievement will be measured through monthly attendance tracking tools, reported at year end.

8. DATA COLLECTION. Describe:

- a. the program's plan for measuring client impact including proposed methodology, frequency of measurement;

The Montreal Cognitive Assessment, commonly known as the MoCA, is a widely accepted assessment tool for cognitive orientation/dementia. It is easy to administer by a lay person with very detailed instructions for administration and scoring. The results are tabulated and assigned a numerical score on a scale of 0-30. Any score of 26 or more is considered within normal range. This tool is administered upon intake (as part of the orientation process), at the 6 month mark and 12 month mark of the grant year. Another tool used to measure client impact is the attendance roster. We require that participants attend the program for at least 2 out of the 3 program days per week. This is recorded every program day and reported on a monthly basis and submitted with monthly grant reports.

- b. the measurement tool to be used;

Montreal Cognitive Assessment (MoCA) will be administered to every participant at intake and then at the 6 month (April) and 12 month (September) marks. The MoCA is graded on a scale from 0-30, with any score of 26 or more considered normal and any score below 25 as showing some cognitive impairment. The MoCA is a good indicator of cognitive ability and tracking this over time has been a helpful way for family members to quantify changes. A simple Excel spreadsheet was developed to track attendance for the Making Memories Program.

- c. follow-up activities to ensure quality improvement; and

We have a new Making Memories Program Coordinator facilitating the class as of January, 2017. She has solicited feedback from the participants as she learns what is successful and what is not in the program planning. She has also asked the participants for feedback in the level of difficulty of different activities and the pace of the class; wanting to neither underestimate nor overestimate the class' abilities. Additionally, because a new staff member has come on board, the Director has asked the participants for feedback on the new staff member and how they are enjoying the class under her leadership. All feedback to date has been positive.

- d. Renewal Applicants: In addition, provide a composite summary of results of client satisfaction data gathered over the most recent program year. Describe procedures for responding to and resolving negative client feedback.

A Satisfaction Survey is administered once per year in September, to solicit feedback about the program. The participants are personally interviewed by the Director of Senior Services. In the 2016 survey, on a scale of 1-5 (1-strongly disagree; 2-disagree; 3-neutral; 4-agree and 5-strongly agree) there were four questions posed. 1. "I feel that this program meets my expectations and needs." (2-agree, 8 strongly agree) 2. "I would recommend this program to others." (3-agree, 7-strongly agree) 3. "This program is important to me." (5-agree, 5-strongly agree) 4. "I feel this program has benefitted my health/life." (1-neutral, 2-agree, 7-strongly agree). No negative responses were found this year, however, the Director of Senior Services would be responsive to any critique.

9. GEOGRAPHY. Using the lists below, indicate the town(s) to be targeted that the program participants reside in:

Estuary Region:

- Chester
- Clinton
- Deep River
- Essex
- Killingworth*
- Lyme*
- Old Lyme
- Old Saybrook
- Westbrook

Midstate Region:

- Cromwell
- Durham*
- East Haddam*
- East Hampton
- Haddam*
- Middlefield
- Middletown
- Portland

Northeast Region:

- Brooklyn
- Canterbury*
- Eastford*
- Killingly
- Plainfield
- Pomfret*
- Putnam
- Sterling*
- Thompson*
- Union*
- Woodstock*

Windham Region:

- Ashford*
- Chaplin*
- Columbia*
- Coventry*
- Hampton*
- Lebanon*
- Mansfield
- Scotland*
- Willington*
- Windham

Southeast Region:

- Bozrah*
- Colchester*
- East Lyme
- Franklin*
- Griswold*
- Groton
- Ledyard
- Lisbon*
- Montville

- New London
- North Stonington*
- Norwich
- Preston*
- Salem*
- Sprague*
- Stonington
- Voluntown*
- Waterford

*Denotes Rural Town

10. PLAN TO REACH TARGET POPULATIONS. The Older American's Act target populations are: individuals at 100% of federal poverty level or below (low income consumers), minority, low income minority, 101% - 149% of federal poverty level, have limited English proficiency, severely disabled, at-risk of institutionalization, or individuals with dementia.

a . Indicate which target group(s) will be identified and encouraged to participate in the program.

Have Dementia: This program is designed to serve individuals who are struggling with dementia. MoCA scores under 25 indicate cognitive impairment. This accounts for 9 out of 11 of our participants during the last grant year (October 2015-September 2016). Our program is unique to the area, being rural there are few programs available for those struggling with dementia held within a local senior center that are not fee-based.

b . Identify and describe methods and time frames for each selected target group. Be specific in the outreach plan.

Have Dementia: The Making Memories Program Coordinator and the Director of Senior Services field inquiries about the program, either by phone or in person at the Colchester Senior Center. Many times a referral will come internally, when a staff member notices that a particular senior center member may need more support. Caregivers and family members with concerns will reach out to us for more information about the program, as well. Over the past 2 years, we have expanded our outreach efforts to include surrounding rural communities through a network of physicians and other agencies in the aging network, such as the Alzheimer's Association. Mailings are sent out to these persons/agencies twice per year to market the program as a wonderful community resource.

11. VOLUNTARY CONTRIBUTION PLAN. Describe HOW the following Title III requirements will be met: Fees may not be charged to program participants, however, it is a requirement to offer all clients an opportunity to donate to the program. Donations must be confidential and no person may be denied involvement if s/he chooses not to contribute. All contributions received are to be used to expand the services of the program being funded under the grant.

During a new participant's orientation, the policies regarding the voluntary contribution plan are discussed. We have developed a Sliding Fee Scale based upon the Federal Poverty Level Guidelines, which is updated on a yearly basis and also given out as part of the orientation packet. This presents a suggested level of giving based upon household finances and household size. There is a locked box in the classroom where the Making Memories Program is held, where donations may be made. Additionally, we tell families that they can also mail their contributions in to the attention of the Director of Senior Services or they can drop it off in the office, during our hours of operation. No one is ever refused service due to a lack of ability to pay and there is no daily fee schedule per class attended.

12. PROGRAM MANAGEMENT. If funds were received in fiscal year 2016, please respond to the following as they apply to the period October 1, 2015 to September 30, 2016:

a. Explain the successes of the program

The Making Memories Program has been successful at the Colchester Senior Center, since its creation in 2008 (at which time it was funded through a startup grant through the Brookdale Foundation--this funding diminished/expired over a three year period.) This program provides a supportive, caring, engaging, socially and intellectually stimulating environment, which is the perfect combination for those who were struggling due to social issues/memory loss to feel very safe and thrive to their highest individual potential. The Making Memories Program participants are more socially engaged, mentally stimulated, have improved cognitive orientation and report feeling happier, as a result of this program. This program also allows respite for caregivers and family members.

b. Identify challenges within the program. Provide a plan of action to address these challenges

One challenge of a program which seeks to work with those experiencing dementia is that it can be difficult to plan programs that are stimulating enough for people in the beginning stages of their disease but not demoralizing for those whose disease is more progressed. The program addresses this by incorporating a variety of different activities, so everyone has an opportunity to be challenged at times and shine at others. The MMP Coordinator communicates any significant changes with any participants to the Director, who then works with families to establish appropriate discharge planning from the program. We have improved our customer service through this process to act as a better support to families/individuals through these difficult but inevitable transitions.

c. Explain the differences between the approved budget and the actual year end expenses

Last fiscal year, we provided 4345.50 units of service to 14 unduplicated individuals registered in the program. This exceeded the 3,500 service units that were planned. Our combination of grant funding and various client and organizational donations and fundraising efforts totaled \$20,789.06 of the \$27,296.25 total expense of the program. The remaining cost was absorbed by the Town of Colchester Department of Senior Services budget. Most expenses came in around anticipated budget cost, however we did see a substantial savings under Vehicle Operations and Utilities, due the historically low gasoline and heating fuel prices last year.

13. REDUCED FUNDING ALTERNATIVE. Please be specific in terms of staff reductions, and/or the reduced number of clients/units to be served in the two requests below. Applicants are cautioned to respond carefully as reduction should not be made solely to persons served or units of service to be provided. Please review your overhead/administrative costs for potential reductions that would correspond to less federal funding.

- a. Briefly describe how the program would change with a 25% reduction from the requested amount.

We have one dedicated staff member for this program, if her hours were reduced as a cost savings measure, her position effectively would become untenable. She works an 18 hour week, reducing her to 13.5 hours per week, when she spends over 12 hours facilitating the class, does not give her adequate time to plan activities, conduct new client evaluations/orientation and other necessary duties. I cannot see a way where we could keep this program afloat amidst further funding cuts. This will be the third year where requested funding, if awarded, would remain flat, despite the fact that cost continues to increase. For the past 3 years, the Town has absorbed more cost to continue the program. A 25% reduction in Title III funding would effectively close this program.

- b. Briefly describe how the program would change with a 50% reduction from the requested amount.

Please see above comments.

14. FINANCIAL SUPPORT. Foundation, Corporate and Government Grant Details: Title III Contractors are required to initiate efforts to obtain additional support from private sources and other public organizations for grant-funded programs. List Other funding sources for the program described in this application and the amount provided by each (a) during FY 2017 and (b) as anticipated for the program in FY 2018.

Program Funding				
Foundation, Corporation, Government Funding Source	FY 17 Status*	FY 17 Amount	FY 18 Status*	FY 18 Projected Amount
Lions' Club of Colchester	applied	up to \$1000	plan to apply	up to \$1000
Eastern Savings Bank Found.			plan to apply	up to \$5000

*Status – Awarded, Applied, Plan to Apply

15. DENIAL OF SERVICES. Describe how older adults participating in the program will be informed of the procedures to notify the Area Agency on Aging of complaints based on denial of services.

During the new participant orientation/assessment, each person is given a packet of information, which is theirs to take home. Within the packet, there is a form called "Making Memories Program Participation Guidelines" which details grievance procedures among other important aspects of the program. Point #11 reads "Persons served under Title III funding, such as those participating in the Making Memories Program should submit complaints in writing to Senior Resources Agency on Aging, 19 Ohio Ave., Suite 2, Norwich, CT 06360. The complaint will be brought before the Advisory Council of Senior Resources by within nine (9) months of the date of original written complaint."

16. NAME AND ADDRESS OF PERSON TO WHOM CHECKS SHOULD BE MAILED:

ORGANIZATION NAME: Colchester Senior Center

NAME: Patricia A. Watts, Director of Senior Services

ADDRESS: 95 Norwich Avenue Colchester, CT 06415

17.

Head of Organization Arthur Shilosky

Title First Selectman

Email ashilosky@colchesterct.gov



BUDGET - FY 2018 Title III Funding

Organization's Name: Colchester Senior Center

Service Name: Making Memories Program

Organization's Annual Operating Budget: \$280,332.00

Total Program Cost is 10.23% of the Organization's Annual Operating Budget

Budget Summary:

A	Total Program Cost	\$28,681		
	Less:			
B	Client Donations	\$2,000		
C	Other Cash	\$2,500		
D	Net Cost	\$24,181	100%	
	Less Match:			
E	Non-Federal Cash	\$8,304	34.34%	OF NET COST
F	Non-Federal In-Kind	\$1,212	5.01%	OF NET COST
G	Total Title III Request FY 18	\$14,665	60.65%	OF NET COST

FY 17 Award Amount (if applicable) \$14,665

Increase/Decrease from FY 17 Title III Award \$0

DOCUMENTATION OF FUNDING SOURCES

OTHER CASH

<u>SOURCE (itemize)</u>	<u>DOLLAR AMOUNT -</u> should equal C above
Gift from Colchester Lion's Club	\$1,000
Fundraising Efforts	\$1,500

NON-FEDERAL CASH MATCH

<u>SOURCE (itemize)</u>	<u>DOLLAR AMOUNT -</u> should equal E above
Colchester Senior Center budget	\$8,304

NON-FEDERAL IN-KIND MATCH

<u>SOURCE (itemize)</u>	<u>DOLLAR AMOUNT -</u> should equal F above
1 Volunteer @ CT minimum wage of \$10.10/hr. 3 hours per week, 40 weeks per year	\$1,212

Signed: _____

Date: _____

Name: Arthur Shilosky

Title: First Selectman

Positions	Total Annual Salary for Position	Number of Hours Per Week Working on this Program	Title III	Non-Federal Cash	Other Cash	Client Donations	TOTAL
Dir. of Senior Services	\$58,261	2		\$2,000		\$913	\$2,913
MMP Coordinator	\$18,252	18	\$14,665		\$2,500	\$1,087	\$18,252
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
TOTALS			\$14,665	\$2,000	\$2,500	\$2,000	\$21,165

In-Kind Personnel (Volunteers working in the program - not paid staff)

Positions	Number of Hours Per Week Working on this Program	Number of Weeks Per Year	Value of In-Kind Salary
Volunterr DK (Tuesday)	3	40	\$1,212
TOTALS			\$1,212

Total Program Budget

Organization Name Colchester Senior Center Program Year: FY '18
 Organization's Annual Operating Budget \$280,332.00

Expenses	NET COST							Direct Service Costs			
	A	B		C	D		E		F	G	H
	Title III	Non-Federal Cash	Non-Federal In Kind	Non-Federal In Kind	Other Cash	Client Donations	TOTAL		Admin Costs		
Personnel	\$14,665	\$2,000	\$1,212		\$2,500	\$2,000	\$22,377	\$2,913	\$19,464		
Fringe		\$2,270					\$2,270		\$2,270		
Travel		\$25					\$25		\$25		
Rent		\$0					\$0		\$0		
Telephone		\$384					\$384		\$384		
Utilities		\$1,333					\$1,333		\$1,333		
Vehicle Operations		\$1,333					\$1,333		\$1,333		
Equipment		\$50					\$50		\$50		
Repairs/Maintenance		\$150					\$150		\$150		
Conferences/Training		\$25					\$25		\$25		
Contractual Services		\$0					\$0		\$0		
Insurance		\$100					\$100		\$100		
Postage		\$45					\$45		\$45		
Supplies/Printing		\$459					\$459		\$459		
Dues/Subscriptions		\$30					\$30		\$30		
Audit		\$100					\$100		\$100		
Other		\$0					\$0		\$0		
TOTALS	\$14,665	\$8,304	\$1,212		\$2,500	\$2,000	\$28,681	\$2,913	\$25,768		

	Title III	Non-Federal Cash	Non-Federal In Kind	Other Cash	Client Donations	TOTAL	Admin Costs	Direct Service Costs
Percentage of Total Cost	51%	29%	4%	9%	7%	100%	10%	90%

INCLUDE IN ALL COPIES OF APPLICATION
 Budget Page 3

BUDGET NARRATIVE/COST EXPLANATION

Please show your computation for determining the cost and your justification of each line item expense in the budget by providing the underlying rationale.

FRINGE \$2,270

Total of 7.65% (FICA) of MMP Coordinator's salary ($\$18,252 \times 7.65\% = \1396.28) and 30% of the Director of Senior Services' salary to the program ($\$2,913 \times 30\% = \873.90)

TRAVEL \$25

10% of budgeted amount for travel. We use the IRS reimbursal rate for mileage.

RENT \$0

The building is owned by the Town of Colchester, as of September 30, 2016. No rental fees.

TELEPHONE \$384

10% of projected expenses of \$3840 annually

UTILITIES \$1,333

Total of 10% projected expense of \$6,825 for heating fuel + 10% of projected expense of \$6,500 for electricity. ($\$683 + \$650 = \$1,333$)

BUDGET NARRATIVE/COST EXPLANATION (continued)

VEHICLE OPERATIONS \$1,333
10% of projected cost of gasoline and vehicle maintenance/repairs of \$13,325.

EQUIPMENT \$50
10% of small equipment repairs of \$500, annually.

REPAIRS/MAINTENANCE \$150
10% of the projected cost of routine building maintenance and necessary repairs, budgeted at \$1,500 annually

CONFERENCES/TRAINING \$25
10% of annual budgeted amount of \$250.

CONTRACTUAL SERVICES \$0

Name of subcontractor: N/A
Activity to be subcontracted: N/A
Cost: N/A

INSURANCE \$100
Projected cost share of insurance

BUDGET NARRATIVE/COST EXPLANATION (continued)

POSTAGE \$45
10% of budgeted amount for postage of \$450 annually.

SUPPLIES/PRINTING \$459
Total of 10% of annual printing and publication cost of \$800 + 10% of annual coiper lease
payment and per copy charges of \$2,788 + 10% of office suppiles of \$1,000.
(\$80+\$279+\$100)

DUES/SUBSCRIPTIONS \$30
10% of annual dues to NISC, CASCP and CAMAE of \$295

AUDIT \$100
Projected cost share of annual audit

OTHER \$0

Service Targets

Use the following definitions:

Low Income: All clients 100% or below poverty line.

Minority: African American/Black, Hispanic/Latino, Native American, Asian American, and Pacific Islander

Low Income Minority: All Minority clients 100% or below poverty line

Near Poor: All clients 101% - 149% of the poverty line

Rural: Encompasses all population, housing, and territory not included within an urban area. (See page 5 of application for rural towns)

Limited English Proficiency: Individuals who do not speak English as their primary language and who have a limited ability to read, speak, write, or understand English, can be limited English proficient, or "LEP". These individuals may be entitled to language assistance with respect to a particular type of service, benefit, or encounter

Severely Disabled: All clients with reported need for assistance with 3 or more ADL's

At Risk of Institutionalization: All severely disabled clients who do not reside in nursing homes and lives alone or is below 100% FPL or over 80

Alzheimer's & Related Disorders: All clients with neurological or organic brain dysfunction

SERVICE NAME (Refer to Reference Material for Service Name)	Units of Service	Total Number of Unduplicated Clients	Clients with Low Income	Clients from Minority Population Groups	Clients from Low Income Minority Population Groups	Clients at 101 -149% of the Federal Poverty Limit	Clients Living in Rural Areas	Clients with Limited English Proficiency	Clients with Severe Disabilities	Clients At Risk of Institutionalization	Clients with Alzheimer's and Related Disorders
Therapeutic Activity	3,500	14	3	2	2	1	10	0	0	12	8

STATISTICAL COMPARISON

Complete one section below for each MIS service proposed for the project. If you intend to provide more than one MIS service, complete one section per service.

	Estimated number to be provided in FY 2018	Actual number for FY 2016 from final MIS report	Explanation of Difference
MIS Service Name:	Therapeutic Activity		
Units of Service	3,500	4,346	Increased attendance of participants account for the increase in number of units of service at year end.
Clients (Unduplicated Count)	14	14	Met the targeted number of clients for the year

	Estimated number to be provided in FY 2018	Actual number for FY 2016 from final MIS report	Explanation of Difference
MIS Service Name:	0		
Units of Service	0		
Clients (Unduplicated Count)	0		

	Estimated number to be provided in FY 2018	Actual number for FY 2016 from final MIS report	Explanation of Difference
MIS Service Name:	0		
Units of Service	0		
Clients (Unduplicated Count)	0		

	Estimated number to be provided in FY 2018	Actual number for FY 2016 from final MIS report	Explanation of Difference
MIS Service Name:	0		
Units of Service	0		
Clients (Unduplicated Count)	0		

Unit Cost

A	B	C	D	E	F	G	H
Service Name	Unit of Measure	Total Units	Net Cost Assigned	Net Cost Per Unit	Title III Cost Assigned	Title III Cost Per Unit	Percentage of Title III Request
Therapeutic Activity	one hour	3,500	\$24,181	\$6.91	\$14,665	\$4.19	100%
0		0		#DIV/0!		#DIV/0!	0%
0		0		#DIV/0!		#DIV/0!	0%
0		0		#DIV/0!		#DIV/0!	0%
TOTALS			\$24,181		\$14,665		

What is the current private and state rate for this service?

	State	Private
Therapeutic Activity	no data	\$78-\$103/day
0		
0		
0		

CERTIFICATION OF NON-FEDERAL MATCH FOR TITLE III PROGRAM

Applicant Agency Name Colchester Senior Center

Program Name Making Memories Program

This is to certify that I (as an individual) or my agency/organization will provide the following cash and/or in-kind resources for the support of the program entitled Making Memories Program for period beginning October 1, 2017 and ending September 30, 2018

SOURCE	CASH AMOUNT	IN-KIND VALUE
Senior Services Budget	\$8,304.00	
Volunteer Labor		\$1212.00
TOTAL	\$8,304.00	\$1212.00

The above cash and in-kind items do not come from Federal funds (except as may be allowed via the use of Community Development Block Grants and/or General Revenue Sharing monies), and they are not used to match any other Federal program.

Signed: _____ Date: _____

Name: Arthur Shilosky

Title: First Selectman

Agency: Town of Colchester

STANDARD ASSURANCES

I. OLDER AMERICANS ACT

The undersigned HEREBY AGREES THAT it will comply with the Older Americans Act of 1965, as amended, all requirements imposed by the applicable HHS regulations and all guidelines issued pursuant thereto.

As a condition of receipt of funds under this act, each provider shall assure that they will:

- a. Provide the area agency, in a timely manner, with statistical and other information which the area agency requires in order to meet its planning, coordination, evaluation and reporting requirements established;
- b. Provide each older person with an opportunity to voluntarily contribute to the cost of the service;
- c. Protect the privacy of each older person with respect to his or her contributions;
- d. Establish appropriate procedures to safeguard and account for all contributions;
- e. May not deny any older person a service because the older person will not or cannot contribute to the cost of the service;
- f. With the consent of the older person or his or her representative, bring to the attention of appropriate officials for follow-up, conditions or circumstances which place the older person, or the household of the older person, in imminent danger;
- g. Where feasible and appropriate, make arrangements for the availability of services to older persons in weather related emergencies;
- h. Assist participants in taking advantage of benefits under other programs;
- i. Assure participants in taking advantage of benefits under other programs;
- j. Assure that persons age 60 or over who are frail, homebound by reason of illness or incapacitating disability, or otherwise isolated, shall be given priority in the delivery of services; and
- k. Assure that the proposed project intends to satisfy the service needs of older persons with disabilities and severe disabilities.

II. CIVIL RIGHTS ACT OF 1964 (AMENDED TO THE CIVIL RIGHTS ACT OF 1991)

The undersigned also AGREES THAT it will comply with Title VI of the Civil Rights Act of 1964 (P.L. 88-353) and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 80) issued pursuant to that title, to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Subgrantee receives Federal financial assistance from Senior Resources Agency on Aging, a recipient of Federal financial assistance from the Department (hereinafter called "Grantor"); and HEREBY GIVES ASSURANCE THAT it will immediately take any measure necessary to effectuate this agreement.

If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Subgrantee by the Grantor, this assurance shall obligate the Subgrantee, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a structure is used for a purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Subgrantee for the period during which it retains ownership or possession of the property. In all other cases, this assurance shall obligate the Subgrantee for the period during which the Federal financial assistance is extended to it by the Grantor.

III. REHABILITATION ACT OF 1973

The undersigned also HEREBY AGREES THAT it will comply with section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794), all requirements imposed by the applicable HHS regulation (45 C.F.R. Part 84), and all guidelines and interpretations issued pursuant thereto.

IV. HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996

The undersigned HEREBY AGREES THAT it will comply with the terms of the Health Insurance Portability and Accountability Act of 1996, as appropriate.

V. CERTIFICATION REGARDING LOBBYING

The undersigned certifies, to the best of his or her knowledge and belief, that:

a. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.

b. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this federal contract, grant, loan or cooperative agreement, the undersigned shall complete and submit Standard Form LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

c. The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$100,000 for each such failure.

VI. CERTIFICATION OF DRUG FREE WORKPLACE

The undersigned HEREBY AGREES THAT it will comply with the Drug-Free Workplace Act of 1988 in matters relating to providing a drug-free work place. The undersigned contractor will:

a. Publish a statement notifying employees that unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance is prohibited and specifying actions to be taken against employees for violations of such prohibition;

b. Establish a Drug-Free Awareness Program to inform employees about all of the following:

1. The dangers of drug abuse in the work place,
2. The person's or organization's policy of maintaining a drug-free work place,
3. Any available counseling, rehabilitation and employee assistance programs, and
4. Penalties that may be imposed upon employees for drug abuse violations.

c. Provide that every employee who works on the proposed contract or grant:

1. Will receive a copy of the company's drug-free policy statement, and
2. Will agree to abide by the terms of the company's statement as a condition of employment the contract or grant.

VII. NON-DISCRIMINATION REGARDING SEXUAL ORIENTATION

The undersigned contractor AGREES THAT it will not discriminate or permit discrimination against any person or group of persons on the grounds of sexual orientation, in any manner prohibited by the laws of the United States or of the State of Connecticut. The contractor also agrees to the following:

1. Employees are treated when employed without regard to their sexual orientation.
2. A notice stating the above to be posted in conspicuous places available to employees and applicants.
3. To comply with Connecticut General Statutes 46a-56.

VIII. NON-DISCRIMINATION AND AFFIRMATIVE ACTION

1. The Contractor agrees and warrants that in the performance of the contract such Contractor will not discriminate or permit discrimination against any person or group of persons on the grounds of race, color, religious creed, age, marital status, national origin, ancestry, sex, mental retardation or physical disability, including, but not limited to blindness, unless it is shown by such contractor that such disability prevents performance of the work involved, in any manner prohibited by the laws of the United States or of the State of Connecticut. The Contractor further agrees to take affirmative action to insure that applicants with job-related qualifications are employed and that employees are treated when employed without regard to their race, color, religious creed, age, marital status, national origin, ancestry, sex, mental retardation, or physical disability, including, but not limited to, blindness, unless it is shown by such Contractor that such disability prevents performance of the work involved;

2. The Contractor agrees, in all solicitations or advertisements for employees placed by or on behalf of the Contractor, to state that is an "affirmative action-equal opportunity employer" in accordance with regulations adopted by the Commission;

3. The Contractor agrees to provide each labor union or representative of workers with which such Contractor has a collective bargaining agreement or other contract or understanding and each vendor with which such contractor has a contract or understanding, a notice to be provided by the Commission advising the labor union or workers; representative of the Contractor's commitments under this section, and to post copies of the notice in conspicuous places available to employees and applicants for employment;

4. The Contractor agrees to comply with each provision of this section and sections 46a-68e and 46a-68f and with each regulation or relevant order issued by said Commission pursuant to sections 46a-56, 46a-68e and 46a-68f;

5. The Contractor agrees to provide the Commission of Human Rights and Opportunities with such information requested by the Commission, and permit access to pertinent books, records and accounts, concerning the employment practices and procedures of the Contractor as related to the provisions of this section and section 46a-56.

IX. AMERICANS WITH DISABILITIES ACT OF 1990

The undersigned contractor states they are familiar with the terms of this Act and are in compliance with said Act.

X. UTILIZATION OF MINORITY BUSINESS ENTERPRISES

The undersigned contractor AGREES to use best efforts consistent with 46C.F.R. 74.160 et seq. (1992) and paragraph 9 of Appendix G; Connecticut General Statutes 13a-95a, 4a-60, 4a-62, 4b-95(b), and 32-9e.

THESE ASSURANCES are given in consideration of and for the purpose of obtaining any and all Federal grants, loans, contracts, property discounts or other Federal financial assistance extended after the date hereof to the Subgrantee by the Grantor, including installment payments after such date on account of application for Federal financial assistance which was approved before such date. The Subgrantee recognizes and agrees that such Federal financial assurance, and that the Grantor or the United States or both shall have the right to seek judicial enforcement of this assurance. This assurance is binding on the Subgrantee, its successors, transferees, and assignees, and the person or persons whose signatures appear below are authorized to sign this assurance on behalf of the subgrantee.

CERTIFICATION

I, the official named below, hereby swear that I am duly authorized legally to bind the contractor grant recipient to the above described certification. I am fully aware that this certification, executed on the date and in the county below, is made under penalty of perjury under the laws of the State of Connecticut.

Date _____

Agency Name Colchester Senior Center

Signature _____
(President, Chairperson of Board, or comparable authorized official)

Title First Selectman, Town of Colchester

To Whom It May Concern,

I would like to request that on the next Board of Selectmen Meeting, there be an addition for a change in member status .

The EDC would like to move member Jean Walsh from Alternate to Regular member of the EDC.

Respectfully,

Trever L. Falconi

Vice Chairman of the EDC

Economic Development Commission- 7 Members, 2 Alternates, 5 year terms

<i>Position</i>	<i>Name</i>	<i>Party</i>	<i>Phone</i>	<i>E-mail</i>	<i>Expiration Date</i>
Vice-Chair	Trevor Falconi	U	860-615-4111	tfalconi@outlook.com	10/1/2018
Member	James W. Ford	D	860-537-6788	ford_james_w@sbcglobal.net	10/31/2021
Member	John Dion	U	860-884-2069	jpgdion@att.net	10/31/2019
Member	Bruce Goldstein	R	860-537-9181	bruceg@paradisagency.com	10/1/2019
Member	Bruce Fox	D	860-267-0752	brucehfox@aol.com	10/1/2019
Member	Stacey Brown	R	860-537-0302	ibanezowner@yahoo.com	10/31/2020
Member	VACANT				12/15/2017
Alternate	Jean Walsh	U	860-537-8988	jean.0621@yahoo.com	10/1/2019
Alternate	VACANT				10/31/2019
Clerk	Tricia Dean				

Economic Development Commission



8 Linwood Avenue
Colchester, CT 06415
860.537.5752

TO: Board of Selectmen, Town of Colchester
FROM: Kate Byroade, Library Director
Date: March 7, 2017
Re: Acceptance of Grant Contract with the Connecticut State Library

Cragin Library submitted an application for a Fiber to the Library Grant from the Connecticut State Library in the amount of \$19,550 to construct and install a new high-speed internet connection for the Cragin Memorial Library. This grant will pay for the construction of a new fiber-optic connection for the Library, network equipment, and an annual maintenance fee. The grant has been awarded by the Connecticut State Library and the Town of Colchester Board of Selectmen must to pass a resolution authorizing the First Selectman to sign the contract and all grant materials.

Motion:

Resolved, that Art Shilosky, the duly elected First Selectman is empowered to execute and deliver in the name and on behalf of this organization a certain contract with the Connecticut State Library, State of Connecticut, for a Fiber to the Library Grant.

**Fiber to the Library Communications Grant Program
Connecticut State Library
Hartford, Connecticut 06106**

GRANT CONTRACT

Targeted Grant FY 2017, Cycle 3 — Grant # 028-FL-17

This contract made between the State of Connecticut, Connecticut State Library (hereinafter “State Library” or Grantor) and the **Cragin Memorial Library of Colchester** (hereinafter “Contractor” or “Grantee”) pursuant to C.G.S. §§ 11-23c.

WHEREAS, the State Library is authorized to administer a competitive grant program to provide grants to libraries to provide public universal access to the Internet, and

WHEREAS, state bond funds have been allocated to the State Library to provide grants-in-aid to public libraries to provide high speed connections between public libraries and the Connecticut Education Network for Internet access; and

NOW THEREFORE, in consideration of the aforesaid and the mutual promises hereinafter contained, the parties do hereby agree as follows:

1. The State Library hereby authorizes a Grant for an amount not to exceed **\$19,550** (hereinafter “Grant Funds”), for the following (hereinafter referred to as the “Project”) as approved in the Contractor's Fiber to the Library Grant Application on **January 23, 2017**, and **February 27, 2017**, on file at the State Library, Division of Library Development:

Installation of new high-speed internet connections to the Connecticut Education Network (CEN)

2. The approved Project Budget is as follows:

	Expense Type	Funds Approved
1.	Special Construction	\$10,650
2.	Annual Maintenance	\$300
3.	Network Equipment	\$8600
4.	TOTAL	\$19,550

The Contractor is responsible for any project expenses greater than the Grant Funds.

3. The Contractor shall complete the Project and expend the Grant Funds as described in the Project Budget within the contract period. The contract period is from **February 1, 2017, or the date of approval of this contract, whichever is later**, through **August 2, 2018**. Any Grant Funds remaining unexpended on **August 2, 2018**, must be returned to the State Library with the Project Evaluation/Expenditure Report.
4. Amendments. To request approval for a change to the Grant’s methodology, budget and/or completion deadline, the Contractor shall submit an *Amendment Request Form*, available on request

from the State Library, to the State Library at least two (2) months prior to the then-current end of the contract period. (b) The State Library must approve any budget reallocation that exceeds ten percent (10%) of the total Grant Funds. The Contractor may reallocate up to ten percent (10%) (ten percent) of the total Grant Funds among line items (contained in the approved Project Budget as detailed in Paragraph 2 of this contract without prior approval. (c) The State Library must approve any extension to the completion deadline. The Contractor must notify the State Library immediately if difficulties arise that could affect the timely completion of all grant work and expenditures. Extensions are at the sole discretion of the State Library and will not be considered except in the most extenuating situations beyond the municipality's control.

5. The Contractor shall submit a *Project Evaluation/Expenditure Report*, available on the State Library website, by **September 1, 2018**. Failure to submit a completed *Project Evaluation/Expenditure Report* for receipt by the due date may result in termination of the Grant and the requirement that the Contractor return the full Grant Funds, as well as loss of eligibility for other State Library grants. This filing deadline shall not be extended.
6. Insurance. The Contractor agrees that while performing services specified in this contract that it shall carry sufficient insurance (liability and/or other) as applicable according to the nature of the service to be performed so as to "save harmless" the State of Connecticut from any insurable claim whatsoever. If requested, certificates of such insurance shall be filed with the State Library prior to the performance of services.
7. Indemnification. The Contractor agrees to indemnify and hold the State, its officials, agents, and employees harmless from and against any and all claims, suits, actions, costs, and damages resulting from the negligent performance or non-performance by the Contractor or any of its officials, agents, or employees of the Contractor's obligations under this agreement. It is further understood that such indemnity shall not be limited by any insurance coverage which is required herein Paragraph 6.
8. The State of Connecticut shall assume no liability for payment of services under the terms of this contract until the Contractor is notified that the State Library has accepted this contract.
9. Payment to the Contractor shall be processed upon approval of this contract or upon the first day of this contract period, whichever is later.
10. Audit Requirements for State Grants. For purposes of this clause, the word "Contractor" shall be read to mean "nonstate entity," as that term is defined in C.G.S. § 4-230. The Contractor shall provide for an annual financial audit acceptable to the State Library for any expenditure of State-awarded funds made by the Contractor. Such audit shall include management letters and audit recommendations. The State Auditors of Public Accounts shall have access to all records and accounts for the fiscal year(s) in which the award was made. The Contractor will comply with federal and State single audit standards as applicable.
11. Inspection of Work Performed. (a) The State Library or its authorized representative shall at all times have the right to enter into the Contractor's or subcontractor's premises, or such other places where duties under this Contract are being performed, to inspect, to monitor or to evaluate the work being performed in accordance with C.G.S. § 4e-29 to ensure compliance with this contract. The Contractor and all subcontractors must provide all reasonable facilities and assistance to State Library representatives. All inspections and evaluations shall be performed in such a manner as will not unduly delay work. Written evaluations pursuant to this paragraph shall be made available to

the Contractor. (b) The Contractor must incorporate this section verbatim into any contract it enters into with any subcontractor providing services under this contract.

12. Refund. The Contractor shall refund any amounts found to be owing to the State as a result of an error or the discovery of any fraud, collusion, or illegal actions and shall make such refund within thirty (30) days from the notice in writing by the State. In the event that the Contractor fails to make such refund, the State shall deduct such amount from any current or future sums owing to the Contractor on the part of the State from any source or for any purpose whatsoever.
13. Governing law. This contract and the rights and obligations of the parties hereunder shall be governed by, and construed in accordance with, the laws of the State of Connecticut.
14. This contract shall be binding upon and shall inure to the benefit of the Contractor and its successor.
15. Assignment. The Contractor shall not assign any of its rights or obligations or sublet under this contract, voluntarily or otherwise, in any manner without the prior written consent of the State Library. The State Library may void any purported assignment in violation of this paragraph and declare the Contractor in breach of contract. Any cancellation by the State Library for a breach is without prejudice to the State Library or the State's rights or possible claims.
16. Claims against the State. The sole and exclusive means for the presentation of any claim against the State arising from this agreement shall be in accordance with Chapter 53 of the Connecticut General Statutes (Claims Against the State) and the Contractor further agrees not to initiate legal proceedings in any State or Federal Court in addition to, or in lieu of, said Chapter 53 proceedings.
17. Executive Orders. This Contract is subject to the provisions of Executive Order No. Three of Governor Thomas J. Meskill, promulgated June 16, 1971, concerning labor employment practices, Executive Order No. Seventeen of Governor Thomas J. Meskill, promulgated February 15, 1973, concerning the listing of employment openings and Executive Order No. Sixteen of Governor John G. Rowland promulgated August 4, 1999, concerning violence in the workplace, all of which are incorporated into and are made a part of the Contract as if they had been fully set forth in it. The Contract may also be subject to Executive Order No. 14 of Governor M. Jodi Rell, promulgated April 17, 2006, concerning procurement of cleaning products and services and to Executive Order No. 49 of Governor Dannel P. Malloy, promulgated May 22, 2015, mandating disclosure of certain gifts to public employees and contributions to certain candidates for office. If Executive Order 14 and/or Executive Order 49 are applicable, they are deemed to be incorporated into and are made a part of the Contract as if they had been fully set forth in it. At the Contractor's request, the Client Agency or Connecticut Department of Administrative Services shall provide a copy of these orders to the Contractor.
18. Termination. The State may terminate this contract upon thirty (30) days written notice to the Contractor if the Contractor fails to comply with this contract or time schedules to the satisfaction of the State. In the event of such a termination, the State shall not be responsible for any future payments to the Contractor, and the State may recover any payments already made to the Contractor by any available means, including the withholding of grants of funds otherwise due the Contractor from the State.
19. Sovereign Immunity. The parties acknowledge and agree that nothing in this contract shall be construed as a modification, compromise or waiver by the State of any rights or defenses of any immunities provided by Federal law or the laws of the State of Connecticut to the State or any of its

officers and employees, which they may have had, now have or will have with respect to all matters arising out of this contract. To the extent that this section conflicts with any other section, this section shall govern.

- Entire Agreement. This written contract shall constitute the entire agreement between the parties and no other terms and conditions in any document, acceptance or acknowledgment shall be effective or binding unless expressly agreed to in writing by the State Library. This contract may not be changed other than by a formal written contract amendment signed by the parties hereto and approved by the Connecticut Attorney General, if applicable.

Grantee:

Signature of Authorized Official

Date

Name (Type or Print Clearly)

Title (Type or Print Clearly)

Grantee Organization (Type or Print Clearly)

Connecticut State Library:

Kendall F. Wiggin, State Librarian

Date

This contract template, having been reviewed and approved by the Office of the Attorney General (OAG), it is exempt from review pursuant to a Memorandum of Agreement between the State Library and the OAG dated October 7, 2016.

For State Library Use Only

Fund	Department	SID	Program	Account	Project	Budget Ref.
12052	CSL66011	43649	85007	55070	CSL_NONPROJECT	2016

9.4 Veterans' Room Use Policy

1. The property at 95 Norwich Avenue, which is owned by the Town of Colchester, houses the Colchester Senior Center, with a dedicated room for local Veterans groups including VFW Post 6990, the Honor Guard (formerly the Antique Veterans), American Legion Post #54 and the Ladies VFW Auxiliary.
2. The Colchester Senior Center schedules a variety of Fitness classes in the Veterans' Room, as it is the only room in the building which has adequate open space to safely conduct these classes.
3. As this space is utilized both by the Veterans groups and the Colchester Senior Center, it is imperative that there be a sense of mutual respect between the Veterans groups and the senior center staff, instructors and members.
4. Policy exists which permits the Honor Guard to store their rifles in a locked gun vault, located in the Veterans' Room. There are additional precautions, including individual locks on each rifle, to ensure the safety of all.
5. Throughout the day the Honor Guard has funeral services where they conduct Military Honors. This is an important community service, especially for the families of deceased Veterans. Because of the unpredictable scheduling of these funeral services, the Honor Guard often does not have a lot of advanced notice as to what their schedule might be. The Honor Guard members gather in the Veterans' Room prior to and after the funeral services. During this time, they retrieve their rifles, ammunition and equipment necessary to carry out their duties.
6. On occasion, when the Honor Guard members are scheduled for a funeral, there will simultaneously be a scheduled Fitness Class. It is requested that the Veterans proceed quietly into the room and exit as soon as is reasonable, making every effort to not disrupt the class in session.
7. No weapons can be loaded, unloaded, or cleaned while the building is occupied by staff and/or members of the Senior Center.



STATE OF CONNECTICUT
DEPARTMENT OF EMERGENCY SERVICES AND PUBLIC PROTECTION

**Automated Fingerprint Identification System (AFIS) Agreement
for Fingerprint Card Submissions
by and between
the State of Connecticut Department of Emergency Services and Public Protection
and
the Town of Colchester**

WHEREAS, the State of Connecticut Department of Emergency Services and Public Protection (hereinafter “DESPP”) operates a central Automated Fingerprint Identification System (hereinafter “AFIS”); and

WHEREAS, **the Town of Colchester** (hereinafter “TOWN”) is organized pursuant to Chapters 97 and 98 of the Connecticut General Statutes (C.G.S.) and has been authorized to submit hard copy fingerprint cards to AFIS pursuant to the limited purposes set forth in C.G.S. § 21-40, §21-47d, §21-47o, §21-100, §29-28 pursuant to C.G.S. §29-29, and the National Child Protection Act of 1993/Volunteers for Children Act of 1998 (NCPA/VCA), as applicable.

WHEREAS, the TOWN is a qualified entity pursuant to the NCPA/VCA.

NOW, THEREFORE, DESPP and TOWN, by and through their Commissioners or other authorized individuals, enter into this Agreement to permit TOWN to send hard copy fingerprint cards to the State Police Bureau of Identification (SPBI) for submission to AFIS and receive back the results of the state and/or national criminal history record information (CHRI) via email.

1. **Effective Date.** This Agreement shall be effective upon signature by both parties.
2. **Authority to Enter Agreement.** DESPP is authorized to enter into this agreement through the Commissioner of the Department of Emergency Services and Public Protection, pursuant to the authority provided under C.G.S. § 4-8.
3. **Duration of Agreement.** This Agreement shall remain in full force and effect unless terminated by DESPP, giving TOWN written notice of such intention at least thirty (30) days in advance. DESPP reserves the right to suspend or revoke access to CHRI without notice in the event of a breach of the conditions of this Agreement. Notwithstanding any provisions in this Agreement, DESPP, through a duly authorized employee, may terminate the Agreement whenever DESPP makes a written determination that such termination is in the best interests of the State. DESPP shall notify TOWN in writing of termination pursuant to this section, which notice shall specify the effective date of termination and the

extent to which TOWN must complete its performance under the Agreement prior to such date.

4. DESPP Responsibilities. DESPP shall:

- a) Electronically process TOWN applicant prints as required and report results of required state and/or national record checks via a generic email.
- b) Identify a liaison as the primary point of contact for any issues related to this agreement.

5. TOWN Responsibilities. TOWN shall:

- a) Provide qualifying fingerprints that meet submission criteria pursuant to the specific purposes pursuant to C.G.S. § 21-40, C.G.S. §21-47d, C.G.S. §21-47o, C.G.S. §21-100, C.G.S. §29-28 pursuant to C.G.S. §29-29, and the NCPA/VCA.
- b) Assign a Local Agency Security Officer (hereinafter “LASO”) in accordance with the United States Department of Justice (USDOJ) FBI Criminal Justice Information Services Security Policy (hereinafter “CJIS Security Policy”).
- c) Ensure appropriate security measures as applicable to the physical security of communication equipment; personnel security to include screening requirements; technical security to protect against unauthorized use; and security of criminal justice information (hereinafter “CJI”) in accordance with the provisions of the CJIS Security Policy. TOWN shall further:
 - a. Assign a generic email to be used by DESPP to communicate CJI, CHRI and related notifications only.
 - b. Ensure that CJI is maintained in a physically secure location or controlled area as defined in the CJIS Security Policy.
 - c. Ensure that all persons with access to physically secure locations or controlled areas, including, but not limited to, support personnel, contractors, vendors, and custodial workers, are escorted by authorized personnel at all times. Authorized personnel are TOWN personnel who have been appropriately trained and vetted through the screening process and have been granted access to CJI for the specific purposes provided in C.G.S. §21-40, C.G.S. §21-47d, C.G.S. §21-47o, C.G.S. §21-100, C.G.S. §29-28 pursuant to C.G.S. § 29-29, and the NCPA/VCA. The use of cameras or other electronic means to monitor a physically secure location or controlled area does not constitute an escort.
 - d. Ensure that access to CJI, in any form, is limited to TOWN personnel requiring access to such information for the specific purposes provided in C.G.S. § 21-40, C.G.S. §21-47d, C.G.S. §21-47o, C.G.S. §21-100, C.G.S. §29-28 pursuant to C.G.S. § 29-29, and the NCPA/VCA.
 - e. Ensure that all TOWN personnel accessing CJI are properly trained before access to CJI is authorized. Training must include Security Awareness Training in accordance with the provisions of the CJIS Security Policy.
 - f. Ensure that TOWN personnel having access to CJI sign an acknowledgment form attached hereto as Attachment A acknowledging that they have received copies of this Agreement and Attachment A and

that they are responsible for complying with the terms contained therein. Such forms shall be maintained in the official personnel files of such personnel.

- d) Ensure that all security incidents are reported to the CJIS Security Officer (“CSO”) CSO or their designee. If a person already has access to CJI and is subsequently arrested and/or convicted, continued access to CJI shall be determined by the CSO. If the CSO or their designee determines that access to CJI by the person would not be in the public interest, access shall be denied and TOWN shall be notified in writing of the access denial.
- e) Comply with all audit requirements for CJIS Systems, including, but not limited to, appropriate and reasonable quality assurance procedures.
- f) Ensure that, prior to fingerprinting, all persons fingerprinted are provided with a copy of the Noncriminal Justice Applicant’s Privacy Rights form.
- g) Ensure that, prior to fingerprinting, all persons fingerprinted are provided with a NCPA/VCA Waiver and Consent Form (Waiver). A copy of the Waiver shall be maintained for a minimum of one year from the date of fingerprint submission.
- h) Violations of the CJIS Security Policy can result in the suspension or termination of system access for TOWN, individual suspension or termination of access to CJI, criminal and/or administrative investigation, arrest, and/or prosecution and conviction for violation of state and federal statutes designated to protect confidentiality and integrity of CJI and related data.

6. Transaction Fees. TOWN applicants shall remit full payment for all transactions with the submission of the hard copy fingerprint cards. Fees shall be calculated as follows:

Statute	Category	State Fee	Federal Fee
C.G.S. § 21-40	Pawnbroker License	\$50.00	\$12.00
C.G.S. § 21-47d	Second Hand Dealer License	\$50.00	\$12.00
C.G.S. § 21-47o	Fine Art Secured Lender License	\$50.00	\$12.00
C.G.S. § 21-100	Precious Metal and Stone Dealer License	\$50.00	\$12.00
C.G.S. § 29-29	Pistol Permit	\$50.00	\$12.00
NCPA/VCA	Individuals who provide treatment, education, training, instruction, supervision, or recreation to children, the elderly, or individuals with disabilities on behalf of the TOWN.	\$50.00	\$12.00
NCPA/VCA Volunteer	Volunteers who provide treatment, education, training, instruction, supervision, or recreation to children, the elderly, or individuals with disabilities on behalf of the TOWN.	\$50.00	\$10.75

The fingerprinting fee at a Connecticut State Police location shall be fifteen (\$15.00) dollars, and the fingerprinting fee varies if fingerprints are taken by a local police location. Fees are subject to change due to legislative enactments and federal assessments.

7. **Modification or Amendment of the Agreement.** This Agreement may not be modified or amended unless in writing signed by an authorized representative of both parties.

8. **Indemnification**

TOWN shall indemnify and hold harmless the State of Connecticut, the State of Connecticut Department of Emergency Services and Public Protection, its officers, agents, employees, commissions, boards, departments, divisions, successors and assigns from and against all actions (pending or threatened and whether at law or in equity in any forum), liabilities, damages, losses, costs and expenses, including but not limited to reasonable attorneys' and other professionals' fees, resulting from (i) misconduct or negligent or wrongful acts (whether of commission or omission) of TOWN or any of its officers, representatives, agents, servants, consultants, employees or other persons or entities with whom TOWN is in privity of oral or written contract; (ii) liabilities arising directly or indirectly in connection with this Agreement out of the acts of TOWN and (iii) damages, losses, costs and expenses, including but not limited to, attorneys' and other professionals' fees, that may arise out of such claims and/or liabilities.

10. The following documents are incorporated by reference and made part of this MOU:
- a. CJIS Security Policy;
 - b. National Crime Prevention and Privacy Compact, 42 U.S.C. Section 14616; and
 - c. Title 28, Code of Federal Regulations, Parts 20 and 25, Section 50.12, and Chapter IX.

THE DEPARTMENT OF EMERGENCY SERVICES AND PUBLIC PROTECTION

By: _____ (Date)
Dora B. Schriro
Commissioner
Duly Authorized Pursuant to C.G.S. Section 4-8

TOWN

By: _____ (Date)
Art Shilosky
First Selectman
Duly Authorized

ATTACHMENT A

ACKNOWLEDGEMENT

I, Martin Martinez, acknowledge the following:

1. I have received a copy of the Agreement between the State of Connecticut Department of Emergency Services and Public Protection (“DESPP”) and the TOWN concerning access to the DESPP Automated Fingerprint Identification System (“AFIS”).
2. I understand that I am being allowed to submit applicant prints via hard copy fingerprint cards into AFIS pursuant to a Federal Bureau of Investigation-approved state or federal statute.
3. I understand that I am not authorized to submit any other fingerprints to AFIS except those authorized by the Agreement..
4. I will fully cooperate with state or federal personnel regarding any audit, system check, and user privilege inquiries.
5. I understand that I am responsible for complying with the Agreement between the State of Connecticut DESPP and the TOWN and that noncompliance may result in suspension or revocation of user privileges and/or other action as provided by law.

Martin Martinez
Signature

02/27/17
Date

cc: Official Personnel File